Daily Mythbuster: August 14, 20	09:
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This Week in Mythbusting with Bonus 'Public Option' Mythbuster

Some health insurance reform opponents continue to spread myths about components of \underline{A} merica's Affordable Health Choices Act

. Time and again this week, the facts have disproven opponent's claims.

The myth-spreading has gotten so pervasive that the *Washington Post*, in an editorial today, attacked one of the most persistent and incorrect myths the so-called "death panels" and wrote: "The debate over health reform has

veered into a peripheral and misleading discussion

of whether it includes a scheme to pressure senior citizens into pulling the plug... This is a distorted interpretation, to say the least.

The debate threatens sensible policy on end-of-life discussions and in the separate realm of reforming the health-care system

[8/14/09]

Other myths busted this week include:

<u>Myth</u> : <u>The Public Option</u> - A government-run public option would force employers to drop their coverage and force everyone onto a public plan.
Fact: Under the bill, no one can ever be forced onto the public plan. The only way someone would be in the public plan is the person's own individual choice. All those using the Health Insurance Exchange will have a range of options – various private plans, and the public plan. If the employer is providing their employees health insurance through the Exchange, it is the employee – not the employer – choosing the plan. Furthermore, CBO projects that, rather than the bill forcing employers to drop their coverage, more employers will provide coverage under the bill.
Specifically, recent analysis by the Congressional Budget Office (CBO) confirmed the provisions in America's Affordable Health Choices Act would:
Rather than force employers to drop their coverage, lead to AN INCREASE in employer sponsored insurance coverage : "We estimate that about 12 million people who would not be enrolled in an employment-based plan under current law would be covered by one in 2016"

Result in the vast majority of Americans remaining in private, employer-provided care – with private insurance companies remaining dominant in the marketplace.
Rather than forcing everyone onto the public plan, result in only 10 to 11 million individuals – or about 3 percent of Americans – in the public option by 2019.
 Several of the bill's measures could lead to decreased costs for the average consumer (e.g. encouraging healthy consumers to purchase insurance, reducing the "cost shift" of the uninsured, and reforms to Medicare). [For More Information on CBO Analysis]
That is why many independent organizations are calling for a public health insurance option, including the American Public Health Association, National Physicians Alliance, American Academy of Nursing and the Main Street Alliance, a small business group. In fact, the National Physicians Alliance wrote: "By creating a public health insurance option, it will help to put the brakes on out of control health care costs, help to foster innovative reforms and competition in the insurance market, and create meaningful choice for our patients."

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<u>Myth</u>: <u>"Death Panel"</u> - " You have every right to fear....a government run plan to decide when to pull the plug on Grandma... There are some people who think it is a terrible problem that Grandma is laying in a bed with tubes in her... and that the government should intervene." – Republican Senator Chuck Grassley of Iowa [8/12/09]

<u>Fact</u>: Nothing could be further from the truth. America's Affordable Health Choices Act extends Medicare coverage to cover the cost of patients voluntarily speaking with their doctors about their values and preferences regarding end-of-life care—empowering older Americans on this critical issue. These are deeply personal decisions that take thoughtful consideration, and it is only appropriate that doctors be compensated for their time. There is no mandate in the bill to complete an advance care directive or living will. [Find Out Why Here]

<u>Myth</u>: <u>"Rationing Care"</u> - "The President claimed the plan will not lead to rationing. But the bill... would create a 'Health Benefits' Advisory Committee' that would make determinations about what kinds of treatments, items and services can be covered within certain benefit classes, and what kind of cost sharing will occur." – House Republican Leader John Boehner Op-Ed [8/13/09]

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<u>Fact</u>: There is no rationing of care under this bill. The House bill will put patients and doctors where they belong – in the driver's seat. Insurance company bureaucrats will never again stand between Americans, their doctors, and the care they need.

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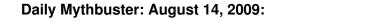
<u>Myth</u>: <u>"Undocumented Workers"</u> - "...making taxpayers fund health care subsidies for illegal immigrants." – Senator Chuck Grassley [8/13/09]

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Fact: This is completely false. Taxpayers will not fund health care for undocumented workers. [Find Out Why Here]

<u>Myth</u>: <u>"Loss of Private Coverage"</u> - The White House [representatives] "... simply don't know how many employers will drop their coverage altogether if their plan goes into effect. Experts at the Lewin Group estimate the number could be more than 100 million Americans." – Republican Leader John Boehner Op-Ed

<u>Fact</u>: While news reports have discredited the Lewin Group as a wholly-owned subsidiary of the insurance industry, the non-partisan Congressional Budget Office (CBO) confirmed the provisions in America's Affordable Health Choices Act would increase, not cut, the number of Americans receiving employer-provided health insurance. <u>[Find Out Why Here]</u>



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<u>Myth</u>: <u>"Cutting Medicare"</u> - "... the plan would cut Medicare to the tune of \$361.9 billion over 10 years. That means fewer choices and lower quality care..." – Boehner Op-Ed [8/13/09]

<u>Fact</u>: The cost savings in Medicare in the bill are all targeted at achieving new efficiencies; expanding authority to fight waste, fraud and abuse; and eliminating wasteful subsidies to private insurance companies. None of the cost savings would reduce Medicare benefits (rather, the bill increases benefits.). [Find Out Why Here]

<u>Myth:</u> <u>"Exempting Congress"</u> - Everyone will be affected by the reform except Members of Congress and their families.

<u>Fact</u>: Members of Congress' health care plans will be subject to the same rules as all other employer-sponsored plans. Nothing in the legislation exempts the plans available as part of the Federal Employee Health Benefits (FEHB) program (the plans Members of Congress and staff enroll in) from the reforms. <u>[Find Out Why Here]</u>

<u>Myth</u>:

\[\text{Cost} - "Washington's latest health reform idea? A \$1 trillion health plan and a government-run public option." —Chamber of Commerce desperate TV Ad

<u>Fact</u>: While the Congressional Budget Office estimates that the House health insurance reform bill will cost \$1 trillion over 10 years, the reforms will be entirely paid for. The bill includes a public health insurance option, which is critical to controlling costs, keeping private insurers honest, and ensuring that Americans have access to affordable, quality health insurance options. [Find Out Why Here]

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<u>Myth</u>: "Government Control" - "and expanded government control over your health." -Chamber of Commerce desperate TV Ad

<u>Fact</u>: 100 percent wrong. In the current health care system, insurance companies – not patients or doctors – hold all the power. They can decide whether or not to cover treatments, procedures and routine visits to the doctors. They can decide to raise premiums, deny coverage, or delay care without any accountability. They can decide to shut millions of people out of health care altogether. This is the system America faces today. [Find Out Why Here]

<u>Myth: "Parental Rights"</u> - As part of the provision in Section 1904 of the bill, the government is trying to usurp parental rights in child care and development.

<u>Fact</u>: There is no truth to this allegation. America's Affordable Health Choices Act provides grants to states for voluntary home visitation programs for families with young children and families expecting children to improve the well-being, health, and development of children. [Find Out Why Here]